

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|                                  |                 |              |
|----------------------------------|-----------------|--------------|
| FOR                              | NUMBER FILED    | NUMBER EXTRA |
| BASIC FEE                        |                 |              |
| TOTAL CLAIMS                     | 16 minus 20 = * | 6            |
| INDEPENDENT CLAIMS               | 3 minus 3 = *   | 1            |
| MULTIPLE DEPENDENT CLAIM PRESENT |                 |              |

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 345.00 |
| X\$ 9= |        |
| X39=   |        |
| +130=  |        |
| TOTAL  |        |

|        |        |
|--------|--------|
| RATE   | FEE    |
|        | 690.00 |
| X\$18= | 160    |
| X78=   |        |
| +260=  |        |
| TOTAL  | 260    |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

|             |  |   |       |   |                  |
|-------------|--|---|-------|---|------------------|
| AMENDMENT A |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total  | *   | Minus | **  | =                |
|             | Independent                                    | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X39=                |                        |
| +130=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

OR

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X78=                |                        |
| +260=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|             |  |   |       |   |                  |
|-------------|--|---|-------|---|------------------|
| AMENDMENT B |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total  | *   | Minus | **  | =                |
|             | Independent                                    | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X39=                |                        |
| +130=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

OR

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X78=                |                        |
| +260=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

|             |  |   |       |   |                  |
|-------------|--|---|-------|---|------------------|
| AMENDMENT C |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|             | Total  | *   | Minus | **  | =                |
|             | Independent                                    | *   | Minus | ***   | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$ 9=              |                        |
| X39=                |                        |
| +130=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

OR

|                     |                        |
|---------------------|------------------------|
| RATE                | ADDI-<br>TIONAL<br>FEE |
| X\$18=              |                        |
| X78=                |                        |
| +260=               |                        |
| TOTAL<br>ADDIT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.